

|  |  |                          |  |          |  |                     |  |                 |  |
|--|--|--------------------------|--|----------|--|---------------------|--|-----------------|--|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |  | <b>Complete if Known</b> |  |          |  |                     |  |                 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       |  |          |  |                     |  |                 |  |
|  |  | Filing Date              |  |          |  |                     |  |                 |  |
|  |  | First Named Inventor     |  |          |  |                     |  |                 |  |
|  |  | Examiner Name            |  |          |  |                     |  |                 |  |
|  |  | Art Unit                 |  |          |  |                     |  |                 |  |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     |  | 1,055.00 |  | Attorney Docket No. |  | H0498.70219US02 |  |

|   |  |
|---|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>                                     |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>   |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments                        |  |

| <b>FEE CALCULATION</b>  |                     |   |                 |                       |                                  |                       |                              |
|---|---------------------|---|-----------------|-----------------------|----------------------------------|-----------------------|------------------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                 |                       |                                  |                       |                              |
| Application Type  | FILING FEES         |   | SEARCH FEES     |                       | EXAMINATION FEES                 |                       | Fees Paid (\$)               |
|   | Fee (\$)            | Small Entity Fee (\$)                                   | Fee (\$)        | Small Entity Fee (\$) | Fee (\$)                         | Small Entity Fee (\$) |                              |
| Utility   | 330                 | 165   | 540             | 270                   | 220                              | 110                   |                              |
| Design  | 220                 | 110   | 100             | 50                    | 140                              | 70                    |                              |
| Plant   | 220                 | 110   | 330             | 165                   | 170                              | 85                    |                              |
| Reissue   | 330                 | 165   | 540             | 270                   | 650                              | 325                   |                              |
| Provisional   | 220                 | 110   | 0               | 0                     | 0                                | 0                     |                              |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                 |                       |                                  |                       |                              |
|   |                     |   |                 |                       |                                  | <b>Fee (\$)</b>       | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 (including Reissues)   |                     |   |                 |                       |                                  | 52                    | 26                           |
| Each independent claim over 3 (including Reissues)  |                     |   |                 |                       |                                  | 220                   | 110                          |
| Multiple dependent claims   |                     |   |                 |                       |                                  | 390                   | 195                          |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |                       |                              |
| - 20 or HP  |                     | x   | =               |                       | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>         |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                 |                       |                                  |                       |                              |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b>  |                                  |                       |                              |
| - 3 or HP   |                     | x   | =               |                       |                                  |                       |                              |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                 |                       |                                  |                       |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                 |                       |                                  |                       |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                 |                       |                                  |                       |                              |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                 | <b>Fee (\$)</b>       | <b>Fee Paid (\$)</b>             |                       |                              |
| - 100 =   | /50 =               | (round up to a whole number) x                          |                 | =                     |                                  |                       |                              |
| <b>4. OTHER FEE(S)</b>  |                     |   |                 |                       |                                  |                       |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                 |                       |                                  |                       |                              |
| Other (e.g., late filing surcharge): 2501 Utility issue fee   |                     |   |                 |                       |                                  | 755.00                |                              |
| 1504 Publication fee for early, voluntary, or normal ...  |                     |   |                 |                       |                                  | 300.00                |                              |

|                     |                         |                                   |                   |
|---------------------|-------------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                         |                                   |                   |
| Signature           | /Jessamine Lee/         | Registration No. (Attorney/Agent) | 61,674            |
| Name (Print/Type)   | Jessamine N. Lee, Ph.D. | Telephone                         | 617.646.8000      |
|                     |                         | Date                              | September 6, 2011 |

|   |   |
|---|---|
| <b>Certificate of Electronic Filing under 37 CFR 1.8</b>  |   |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4). |   |
| Dated: September 6, 2011  | Electronic Signature for Angela M. Griffith: /Angela M. Griffith/ |